

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS432AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2009
NAME OF PROVIDER OR SUPPLIER V. NICHOLAS ADULT CARE HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4304 EL CAMINO AVENUE LAS VEGAS, NV 89102		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 02/11/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility was licensed for 6 Residential Facility for Group beds for elderly and disabled persons, Category I residents. The census at the time of the survey was 6. Six resident files were reviewed and 2 employee files were reviewed. The following deficiencies were identified:	Y 000	<p><i>Acceptable POC</i> <i>2/24/09</i> <i>[Signature]</i></p>	
Y 067 SS=C	449.196(1)(c) Qualifications of Caregiver- Read regulation NAC 449.196 1. A caregiver of a residential facility must: (c) Understand the provisions of NAC 449.156 to 449.2766, inclusive, and sign a statement that he has read those provisions. This RULE: is not met as evidenced by:	Y 067		Y067 A) Employee 1 and 2 executed a written statement stating that they have read, understand and signed the provisions of NAC 449.156 to 449.2766, inclusive. Submitted and marked are attachment "A" TAG Y067 (employee #1 signed statement) and "A-1" TAG Y067 (employee # 2 signed statement).

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE

Administrative

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(X6) DATE

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Y 067	Continued From Page 1 Based on record review on 2/11/09, the facility failed to ensure 2 of 2 caregivers read the provisions of NAC 449.156 to 449.2766 and signed a statement they have read those regulations (Employee #1 and #2). Severity: 1 Scope: 3	Y 067	B) Review of employees files should be done regularly by the Administrator and see to it that files are updated. C) Completion date 02/12/09.	
Y 070 SS=E	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This RULE: is not met as evidenced by: Based on record review on 2/11/09, the facility failed to ensure 1 of 2 caregivers received eight hours of annual training (Employee #1). This was a repeat deficiency of the 2/1/08 State Licensure survey. Severity: 2 Scope: 2	Y 070	Y070 A) Employee #1 attended a class conducted by Theresa Brushfield-Owens; a 3 hour training on medication management refresher course; certificate of completion dated 02/15/09 will be mailed. And a home study training a 5 hour continuing education credit; entitled Loss and Grief: A Guide To Caregivers, offered by EDUSERVE, INC.; has been ordered. B) Annual review of employees files should be done by the Administrator and monitor for compliance. C) Completion date 02/15/09.	
Y 072 SS=E	449.196(3) Qualifications of Caregiver-Med re-training NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must:	Y 072		

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Y 072	Continued From Page 2 (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and (b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau. This RULE: is not met as evidenced by: Based on record review on 2/11/09, the facility failed to ensure 2 of 2 caregivers had completed the required three hour medication management refresher training every three years (Employee #1, and #2). Severity: 2 Scope: 3	Y 072	Y072 A) Employee # 1 attended the 3 hour medication management refresher training conducted on 02/15/09 by Adult Care Consultants. certificate of completion is to be mailed. Employee # 2 also is schedule to attend a 3 hour medication management refresher course scheduled on 02/20/09. B) Annual review of employees files should be done by Administrator and monitor for compliance. C) Completion date 02/15/09.	
Y 088 SS=C	4493199(4) Staffing Schedule NAC 449.199 4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires. This RULE: is not met as evidenced by: Based on record review and interview on 2/11/09	Y 088	Y088 A) A staffing schedule has been completed for the months covering February 2009 and March 2009 and are hereto marked as attachment "B" TAG Y088; "B-1" TAG Y088; "B-2" TAG Y088; "B-3" TAG Y088; "B-4" TAG Y088 respectively,	

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Y 088	Continued From Page 3 the administrator failed to maintain a monthly staffing schedule that needs to be retained for at least six months. Severity: 1 Scope: 3	Y 088	B) Administrator should see to it that staffing schedules are done and retained on file for future reference. C) Completion date 02/16/09.	
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This RULE: is not met as evidenced by: Based on record review, and interview on 2/11/09, the facility failed to ensure 1 of 6 residents received an annual physical (Resident #4). This was a repeat deficiency from the 2/1/08 State Licensure survey. Severity: 2 Scope: 1	Y 859	Y859 A) Immediately after the survey on 02/11/09; Administrator scheduled Resident # 4 for a phy- sical examination. Sub- mitted and marked as attachment "C" TAG Y859, is the physical examina- tion conducted on Resi- dent # 4 by his primary care physician on 02/16/09. B) Review of residents files should be done regularly by the Administrator and see to it that files are updated. C) Completion date 02/16/09.	

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Y 870	Continued From Page 4	Y 870		
Y 870 SS=D	<p>449.2742(1)(a)(1)(2)(b)(c) 449.2742(1)(a)(1) Medication Administration</p> <p>NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident. (2) Provides a written report of that review to the administrator of the facility; (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a).</p> <p>This RULE: is not met as evidenced by: Based on record review on 02/11/09, the facility failed to ensure a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 1 of 6 residents residing at the facility for</p>	Y 870	<p>Y870</p> <p>A) A medication review for resident # 5 is completed and signed by a registered nurse; and hereto submitted and marked as attachment "D" TAG Y870 and "D-1" TAG Y870 respectively.</p> <p>B) Review of resident files should be done regularly by the Administrator for updating.</p> <p>C) Completion date 02/16/09.</p>	

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Y 870	Continued From Page 5 longer than six months (Resident #5). This was a repeat deficiency from the 02/01/08 State Licensure survey. Severity: 2 Scope: 1	Y 870			
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This RULE: is not met as evidenced by: Based on observation, record review and interview on 02/11/09, the facility failed to ensure 1 of 6 residents received medications as prescribed (Resident #5). Findings include: On 02/11/09 in the afternoon, Resident #5's medication basket had a container of 325 milligrams of Aspirin. On 02/12/08, the latest available medication review indicated 81 milligrams of Aspirin daily for Resident #5.	Y 878	Y878 A) Immediately after the survey conducted on 02/11/09; corrected on the medication adminis- tration record the do- sage of the Aspirin from 81 mg. tablet to 325 mg. tablet. B) Administrator should checked all medications regularly and monitor for compliance. C) Completion date 02/11/09.		

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Y 878	Continued From Page 6 Resident #5's medication administration record (MAR) indicated 81 milligrams of Aspirin daily for February 2009. On 02/11/09 at 3:50 PM, Employee #2 indicated she failed to notice the difference between the container of 325 milligrams of Aspirin and the 81 milligrams of Aspirin on the February 2009 MAR. Severity: 2 Scope: 1	Y 878			

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